

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36152

FILED  
Jun 22, 2009  
Secretary of State

**Entity Name:** ASHTON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5200 N.W. 43RD STREET., STE 102-217  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

5200 N.W. 43RD STREET., STE 102-217  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 59-3015287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHLACHTA, STEVEN  
5200 N.W. 43RD STREET  
SUITE 102-217  
GAINESVILLE, FL 32653 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMOCK, DAVID  
Address: 5858 NW 45TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: VD ( ) Delete  
Name: GEORGE, SNYDER  
Address: 5316 NW 46TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: SD ( ) Delete  
Name: BETH, NEWSOM  
Address: 5200 NW 43RD ST., STE 102-217  
City-St-Zip: GAINESVILLE, FL 32606

Title: TD ( ) Delete  
Name: SCHLACHTA, STEVE  
Address: 5200 NW 43RD ST., STE 102-217  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: GORDON, BURLESON  
Address: 5200 NW 43RD ST., STE 102-217  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GORDON, BURLESON  
Address: 5200 NW 43RD ST., STE 102-217  
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GEIGER, MATTHEW  
Address: 5200 NW 43RD ST., STE 102-217  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW W. GEIGER

D

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date